

BMCC EARLY CHILDHOOD CENTER  
**SPRING 2026 APPLICATION**  
**SCHOOL AGE (6-12 YEARS OLD)**

This application is the first step toward enrolling your child in the BMCC Early Childhood Center located in Borough of Manhattan Community College. **After completing this application submit it with your Spring class schedule, via email to both: YGutierrez@BMCC.CUNY.EDU or CScottCroff@BMCC.CUNY.EDU.** Please note: There will be additional forms to fill out. The full process must be completed before your child can be accepted in our program. We continue enrolling students electronically.

Information on this side refers to the **PARENT** (BMCC Student). **Please Print Clearly.**

CUNYfirst ID #: \_\_\_\_\_ Email: \_\_\_\_\_

Parent's Name \_\_\_\_\_ SS#: xxxx / xx / \_\_\_\_\_  
(Last) (First) (Middle Initial) (Last Four Digits)

Parent's Address \_\_\_\_\_  
(Street Number) (Apt. # )  
(City) (State) (Zip Code) (Telephone)

Major \_\_\_\_\_ Special Program (ex. ASAP): \_\_\_\_\_

Circle the day(s) you are applying for (**Weekend Program**): Daytime: SAT - SUN (8:00am – 5:00pm)

**PLEASE ATTACH A COMPLETE COPY OF YOUR CLASS SCHEDULE WITH YOUR NAME.**

**HAVE YOU BEEN AWARDED FEDERAL WORK STUDY ?** YES NO

If yes, please list the name of the department and hours you anticipate working.

**EMERGENCY CONTACT** (if parents cannot be reached)

\_\_\_\_\_  
(Print Name ) (Telephone #) (Relationship to the child)

**Remember: Daytime parents must bring their children before 10:00am on days they are scheduled to be at the Center.**

Child's Name: \_\_\_\_\_ Child's Age: \_\_\_\_\_

I have read and completed this application fully and carefully.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**REMEMBER TO FILL OUT BOTH SIDES OF THIS APPLICATION**

SCHOOL AGE

## SPRING SCHOOL-AGE 2026

Information on this side refers to **CHILD** for whom the services will be provided. Please print:

Child's Name \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Last) (First) (M.I.) (Date of Birth)

Child's Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Other Gender \_\_\_\_\_

Child's Address \_\_\_\_\_  
(Street Number) (Apt. # )  
 \_\_\_\_\_  
(City) (State) (Zip Code) ( ) (Telephone)

Parental Info.	Mother/Father/Guardian/Other	Mother/Father/Guardian/Other
Name		
Occupation		
Work Address		
Daytime Phone #		
Email Address		

Marital Status:(check one) \_\_\_ Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced

### Other Members of the household

Full Name	Birth Date	Age	Relationship to Child

Are there any other important adults in your child's life?

\_\_\_\_\_

Previous Experience Outside Home	Where?	How Frequently?
Public/Private School		
Family Day Care		
Extra Curricular		
Other		

Reaction to experience away from home: \_\_\_\_\_  
 \_\_\_\_\_

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